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ORIGINAL ARTICLES.

THE MODERN TREATMENT OF CANCER.

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WHEN we recall the criticisms that are to be found in the daily papers and magazines respecting radium, we are reminded of the struggles Ephraim McDowell went through in the early days of abdominal section for the cure of ovarian tumor. In referring to some of Dr. McDowell's reports, a prominent French surgeon of those days says: "In spite of all that has been written respecting the cruel operation, we entirely disbelieve that it has been performed with success, nor do we think it ever will." For a long time this was the prevailing sentiment of Dr. McDowell's operation which has added ten years to the life of women, and similar remarks have been employed at first toward almost every advancement in surgery. For instance, hysterectomy was abandoned for many years, then taken up again and pushed to perfection in spite of almost unprecedented opposition.

When surgeons were convinced, twenty-eight years ago, that inflammation of the bowels and peritonitis caused thousands of deaths, preventable by timely removal of the appendix, you remember how bitterly that operation was opposed and how often members of our societies exclaimed at the top of their voices: "The surgeons do their work with mercenary motives!" To-day all of these operations are recognized as regular procedures; in fact, if they are not done early even the laity censure their medical attendants.

This opposition has been the rule with most advancement, whether among laymen or the professions, and medicine and surgery have been gallant leaders in their attacks upon what later even they acknowledged to be the best method of treatment. The effects of radium upon such deadly disease as cancer are so startling that it is no wonder that men who have not had the opportunity to investigate the subject believe that it is another of the numerous fake cures for the red plague, and that it is only a kindness to warn people against submission of their cases to these over-enthusiastic if not misguided doctors.

Comparatively, it is only a few years since the discovery or radium; its use in surgery is still more recent; and why should it not also receive, during its developmental period, its full share of persecution and condemnation? This great advancement in cancer therapy ranks with anæsthesia, antisepsis or any other of the great epoch making developments in surgery, and like these it has had its months and years of purification by earnest discussion. During this process of winnowing out the chaff it is no wonder that the use of the agent was largely laid aside for a time because the methods of application were not sufficiently well understood to enable experimenters to secure the desired results.

Then, again, many of the specimens employed by the physicians were not up to the present standard. In those days there was no standard, and in some instances where it was supposed that a goodly amount of radium was purchased, only a few milligrams were actually obtained. Whether this was due to dishonesty or lack of instruments of accuracy for measurement of the strange metal, failure was bound to follow this use of insufficent dosage.

With the lapse of years better methods have been developed, accurate instruments of measurement have been invented; the indications for the use of the agent have been narrowed down until one need not often disappoint his patients by holding out claims which have not and cannot be verified. It may be said, however, even to-day, that many of us take patients whose cases are forbidding; still the pain from which they suffer, the hæmorrhages and discharges, the unpleasant odors, may all disappear under its influence and the patients be brought into a more comfortable condition. While a cure is out of the question in many of these cases, the relief is such that we feel that there is no other means that can be in any way equal the beneficial results secured even in these hopeless cases. To say that we are surprised at the results of this agent is too weak a word, we are amazed; wide sloughing surfaces, even including bone and cartilage, are cleaned up and the wound brought into a healthy state and completely healed. Tumors are dissipated and the patients' comfort and lives are prolonged far beyond a point possible to be secured by any other treatment. Indeed, if radium can achieve no greater success than to lessen the frightful pain and other conditions attendant

upon the disease, it would be glory enough. But as a matter of fact many, many cases that are classed as inoperable and hopeless are actually cured.

I do not say now that the old methods of surgery should be laid aside. Far from it. The indications should be carried out early; patients should be secured during the first three to six months of the existence of cancerous disease, then most appropriate operations would result in cures; but, unfortunately, neither the profession nor the laity are sufficiently educated as to the necessity of early operations. Too many of us are apt to say, "It is only a little lump;" and the patients are allowed to drift on until the disease becomes widespread in the glands and different parts of the body. Then, of course, in most cases it is a question of palliation and prolongation of life.

There is also a strange notion among women that it is disgraceful to have a tumor of the breast, and for this reason, or some other, they cover up the presence of such disease and do not allow even their nearest relatives or friends to know of it until they are driven to the surgeon by a fetid discharge, sleepless nights or severe pain. Such a condition as this in these days of well-nigh perfect surgery and radium therapy ought rarely to exist.

I am aware that we are carrying on a campaign over the country to correct this gross neglect; but the wheels of progress move so slowly that the time is far distant when malignant disease will receive attention sufficiently early to secure the best results of the surgeon's art.

Now from all these reasons, patients sometimes get into the inoperable state almost unthinkingly, especially where the disease carries with it but little pain. In many inoperable cases radium is the best palliative and sometimes curative agent.

The Harvard Commission states that metastatic cancer should never be treated by radium. This is too sweeping a statement for scientific purposes. When the disease redevelops in the liver, the lungs, the stomach or other abdominal viscera very likely relief cannot be had even by the use of this potent remedy; but when it develops by metastasis upon the surface of the body, as from the arm to the face or the face to the leg, etc., the condition is very different, as in these sites the remedy may be used with great success at least as a palliative.

I herewith present a number of illustrative cases of this form of the disease:

Case 1.—A. W. C., Irish, aged sixty-five, residence, Rochester, about three years ago developed epithelioma of the wrist. Ten months later a metastatic growth appeared on the upper lip and developed until this part of the anatomy, the corners of the mouth, the upper teeth and a portion of the nose, including the external nares, were completely destroyed. Then it reappeared three inches above the first manifestation on the wrist a few months later on the elbow; then again a few inches above the site. A cough developed, expectoration was difficult, and progressive dullness with deficient respiratory murmurs over a portion of the left lung announced metastasis to this organ. He had had gonorrhœa but there was no histaory of syphilis and the Wassermann reaction was negative. By the use of radium the lip healed, some of the bone of the upper jaw and teeth sloughed away and this part was brought into a good condition. The three developments in the arm are now entirely healed and the original cancerous deposit in the wrist has been cleaned up and the edges of the wound are healing. The pain and the profuse hæmorrhages from the corners of the mouth, the foul odors and ichorous discharges have all subsided and the general condition of the patient is greatly improved. There is no other agent with which we could accomplish this result, and if the case progresses no farther, the use of the agent was not only justifiable but a source of incomparable relief to the patient.*

Case 2.—Mrs. J. L., American, aged sixty-seven, residence, Canton, N. Y., developed epithelioma on the bridge of her nose about six years ago, which broke down and remained as a rodent ulcer. Last June a growth appeared on the left side of her neck and the disease gradually grew worse until the latter part of December a competent consulting surgeon told her no hope could be expected from any treatment whatsoever.

On January 9, 1915, Dr. Williams, of Canton, her family physician, brought her to the Lee Private Hospital, and our examination developed the following facts: On entering the room the heavy cancerous odor was discernible, and markedly so when drawing near the patient. A glass of milk was offered and it required three efforts of deglutition to swallow a teaspoonful. With great difficulty she could be heard in a whisper only eight inches from her lips. She looked like a patient in extremis from serious disease, and her breathing was so embarrassed that prompt measures were required to prevent dangerous consequences. One hundred and twenty-six milligrams of radium barium bromide and sulphate were applied over the larynx and top of the œsophagus. Part of this dosage was used on one side and the balance on the other, as nearly over the entrance to the larynx and œsophagus as was possible. In the morning she breathed easier and could swallow with much more freedom. This improvement was sustained and at the end of the first week the heavy odor from her breath ceased and the salivation

*Has since died with hæmorrhage of the lung and apnea.

and bloody ichorous discharge were very markedly less. She was now able to take milk with comparative freedom and her physical condition was perceptibly improved.

On January 9, 1915, Dr. Herbert W. Hoyt, of this city, made a careful examination of her larynx, pharynx, etc., and the following is a copy of a letter which gives a report as to his findings at that time:

"January 9, 1915.

"Dr. J. M. Lee, Rochester, N. Y.

"Dear Doctor Lee:

"On December 21, 1914, I examined the throat of Mrs. Lovewell at your hospital. I found very marked ulceration and infiltration of both vocal cords, the arytenoids, the rim of the glottis, the laryngoepiglottic fold on the left and the lower edge of the epiglottis on the left. It was very difficult to see any opening through the larynx. January 4, 1915, I examined her again. I found the infiltration very much less, the ulcerated surface, save one small area on the right rim of the glottis, smooth and apparently covering with mucous membrane. There was a fair space through the larynx though not enough to determine how much of the vocal cords remain. There is a small notch in the left side of the base of the epiglottis. The parts all looked in a much healthier condition. While there was no power to vocalize at the first examination, at the second she had a fairly strong rough voice.

"Yours very truly,

"H. W. Hoyt."

The radium was repeated for four nights and about six thousand milligram hours of pure radium element were used in the treatment of her case. After about a week a fine reaction appeared around the throat and with this the improvement continued and became marked. No more radium was used, and on the fourth of February Dr. Hoyt made a third laryngoscopic examination, and a letter of his findings is here transcribed:

"February 4, 1915.

"My Dear Doctor Lee:

"As a supplement to my last report on the condition of Mrs. Lovewell I will report the findings of examinations January 18th and February 2d. The larynx is more open to view and the surfaces are smoother save in two spots. On the right rim of the glottis in January there was a large nodular mass of tissue; this was much smaller, with a shriveled look on February 2d. In general the whole area had a healthier appearance at the last examination than at any other time. The voice remained about the same but she swallowed freely without any choking.

"Yours truly,

"H. W. Hoyt."

At this time it was believed that she was not improving as fast as she might, and about three thousand more milligram hours of radium element were employed. But little attention was paid to the tumor on the side of the neck, as her symptoms were so urgent that it seemed wise to devote our attention entirely to the internal disease. A week or so later a heavy dose was applied to the tumor and a marked improvement is taking place. Of course, how far this happy result will be sustained is impossible now to tell, but with the other methods of treatment with radium open to us, it is fair to assume that good results will finally be secured.*

Case 3.—Mrs. J. C., aged eighty, of Riga, N. Y., about twelve years ago noticed a growth in the left temporal region. A few years later a tumor developed on the upper lip, spread over the entire vermilion border, the inner surface, the buccal cavity on the left side and half of the palate. Fig. 1. After the lapse of six or seven

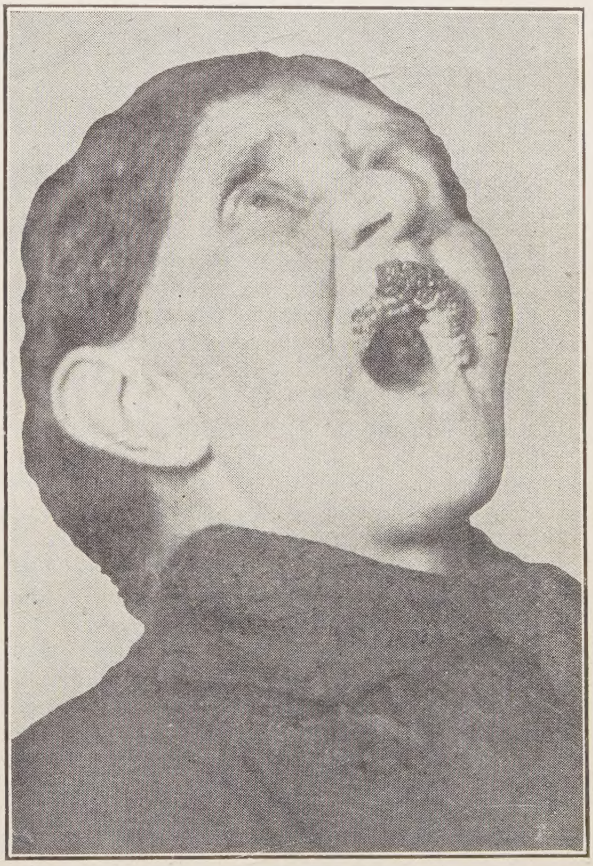

Fig. 1.

years it was removed by the knife at St. Mary's Hospital, this city. It grew rapidly and two years thereafter her family physician removed the portion on her lip by tying and caustic, but did not attempt operation of the internal disease. About the middle of September, 1914, she came to a Rochester physician and took X-ray treatments, one each week for a period of five

*Died suddenly, while improvement was satisfactory, of pulmonary embolism.

weeks. There was no improvement, but on the contrary much inflammation and swelling, which caused great discomfort. She came to Dr. Lee's Private Hospital and radium treatment was begun on November 19, 1914. One hundred and five milligrams were applied to the vermilion border, or what once was such, and the inside of the lip. This cross-fire method caused the disease to promptly disappear. A week later a 25 milligram tube of pure radium element was applied to the palate, the disease yielded and the progress towards recovery was uneventful and satisfactory. The rodent ulcer in the temporal region was cured by a single application of 21.4 milligram varnish applicator of radium barium bromide. The disease has entirely disappeared and she has returned to her home clinically cured.

CASE 4.—E. A. Y., American boy eight years of age, of Corry, Pennsylvania, developed sarcoma of the left orbit and temporal region. On November 22, 1914, Dr. Wagoner, an oculist removed a growth from the side of the left temple and orbit. Soon thereafter the parts became swollen and malignant disease was suspected. The removed specimen was sent to a pathologist who reported the disease to be round cell sarcoma. A more extensive operation was thought necessary, and on December 22d the eye was extirpated and the orbital tissues removed. Soon the disease reappeared and he was sent to the Lee Private Hospital on January 13, 1915, for radium treatment. During his four days' stay at the hospital he received 4004 milligram hours of pure radium element. The growth in the temporal region began immediately to subside and the tissues in the orbital region appeared to be sufficiently rayed and he went home. When he returned to the hospital on the first of March the swelling in the temporal region had entirely disappeared, but there was some of the growth still to be seen in the orbit. He remained four days and received 7466 milligram hours* of radium element, which seems to have eradicated the disease. He returned to the Lee Hospital again five weeks later when it was shown that he was clinically cured. Fig. 2.

CASE 5.—Mrs. S. DeW., French Canadian, forty-four years of age; residence, Rochester, N. Y., last June developed a growth near the center of her under lip and applied to a physician who prescribed an operation, which was performed last October. Almost immediately thereafter a bunch appeared in her neck which the same physician said was an enlarged gland. He removed it, when to her surprise and dismay the disease began to grow rapidly in the scar of her lip, and it appeared over her sternum on the

*Milligram hours, where the disease is accessible, seems to be a fair expression of dosage, but a more comprehensive and scientific formula will soon be worked out and given to the profession.

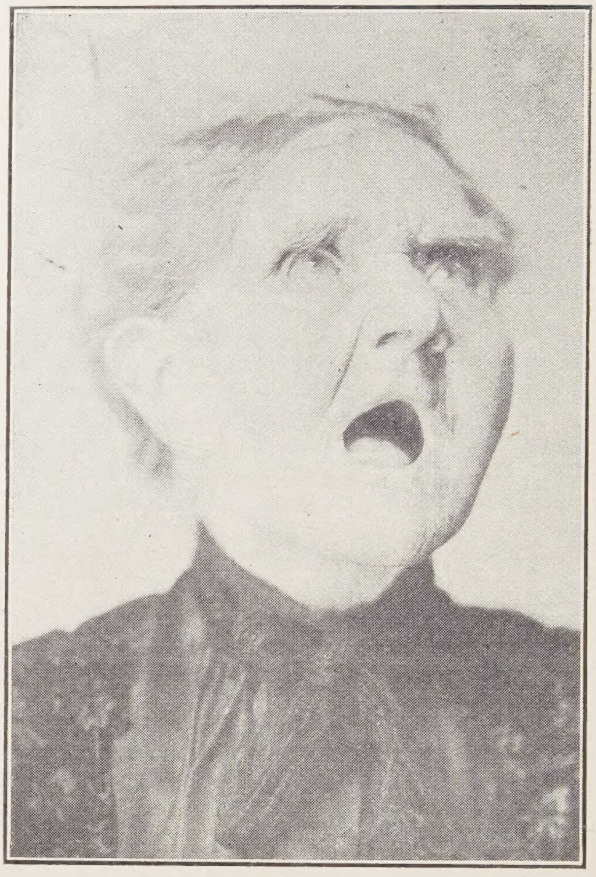

FIG 2

left side, just above the breast, in the form of an oval tumor which resembled in size and shape half of an orange. Her physician then announced that the disease was a malignant form of cancer, and that it had gone beyond the reach of the knife; therefore, he sent her to Dr. Lee's Hospital the night before Thanksgiving and radium was immediately applied to all the above surfaces. During the two weeks she remained here 4000 milligram hours of pure radium element were employed. She returned home and again visited the hospital New Year's Eve and remained a week. During this time 3000 milligram hours of pure radium element were employed, and she returned to her home for the second time on February 10th, and remained until the last day of February, when she again came for further treatment. She has never had any pain from either the growth on her neck or lip, and suffered very slightly from the inconvenience radium caused when applied to both the inner and outer sides of her lip. She has since been discharged as clinically cured.

CASE 6.—M. W. P., American, aged sixty-eight; residence, East Pembroke, N. Y., developed a brown spot near his right ear which broke down and formed an irregular ulcer an inch and a half long and an inch wide. A

Buffalo specialist applied electric needles and the ulcer finally healed. There was great pain following its closure and soon small tumors developed behind, below and in front of the ear, the pain of which became so excruciating that it was necessary to make hot applications and resort to the use of morphine for relief. His physician, Dr. Baker, of Batavia, referred him to the Lee Private Hospital for treatment. His suffering then was so extreme that it was impossible for him to restrain the outcries of pain which could have been heard all over the hospital. After the effects of the radium were established the morphine was discontinued and he was able to get along without it very comfortably Three weeks later the tumors had entirely disappeared, and two weeks thereafter the effects of the radium upon the skin subsided and he appears to be in a normal condition. In the patient's own language: "It was surprising how the tumors melted away under the influence of the radium."

Radium is also of great value as a prophylactic. The application may be made over the scar and in all directions around it; a large area of tissue should be included and the cancerous elements, whatever they are, destroyed. This gives to many patients immunity from the disease. In other instances where cancer has been removed, especially if any of the growth has been left, a pure radium aseptic tube of twenty-five milligrams, screened by a lead tube, should be introduced into the end of the rubber drainage tube and carried down to the depth of the wound and allowed to remain in this site two hours; then if the wound is large, as in a breast operation, it should be drawn down part way and left two hours more. It should not act longer on the tissues as there may be too much sloughing, as in my first case. It was sarcoma of the femoral canal, and in the removal of the growth several inches of the femoral vein were included with the tumor. Twenty-five milligrams were used as above and left eight hours. There was too much sloughing, and three weeks after the operation about four inches of the vein, including the tied end, came away. No ill consequences followed except a little more swelling of the leg, which has now subsided and the patient attends to her duties as housewife. Since that time I have treated two ladies for sarcoma and carcinoma, respectively, of the neck over the jugular veins. The dissections were very thorough. The veins were tied above the tumors and the mass dissected downward, when it became necessary to divide the clavicles and retract them so as to make room to complete the work and tie the vessels near their origin. When the growths were completely removed, a tube of 25 milligrams of pure radium element was placed in the end of the drainage tube in each case and carried down to the bottom of the wounds and allowed to remain four hours—which seemed to be ample.

In two other instances in the extirpation of recurrent axillary glands, two hours of raying by 25 milligrams of pure radium element were satisfactory.

It will necessarily take considerable time to determine the real value of prophylactic treatment, but I am convinced that with such wonderful curative powers as radium possesses, its inhibitive effect immediately after operation or after the wounds have healed, will prove to be one of the greatest benefits derived from the use of the element. There has been considerable work done in this way by many, both here and abroad, and the results are very encouraging; but time has not elasped for the collection of statistics sufficiently massive to enable us to decide all details of this very important question.

At the present time, if patients desire it, they are given one or the other of the above forms of preventive treatment at this hospital. The time may not be far distant when we will feel that it matters not whether operations are done early or late; whether cancerous tissue is known to be left behind or not, radium should be used as a prophylactic either before or after the wounds heal.

I have herein cited eleven cases which were inoperable and hopeless, for in three of these without radium to supplement the surgical work I should not have attempted such serious procedures. Of his number six are clinically cured. Truly, as Dr. Kelley says, "Radium is the handmaid of surgery."

Hydrochloric Acid.

Aids uric acid to combine with alkalies, thus preventing the formation of insoluble urates and of starting them in the tissues. The lack of pepsin in gout is caused by the lack of hydrochloric acid. The treatment of gout with alkalies only aids the formation of insoluble compounds, biurates, which precipitate in various parts of the organism. Hydrochloric acid aids the breaking down of uric acid to urea, thus decreasing the abnormal amount of the former.—*Max Kahn.*

O. investigated the presence of *cholesterol* in the blood in health and in various affections. Normal cholesterol in the blood varies from 1.4 to 1.8 g. per 1. of serum. When food rich in cholesterol is ingested, the cholesterol in the blood is greatly increased; a diet poor in cholesterol produces a diminution of cholesterol in the blood. Hypercholesterolemia is observed in pregnancy, nephritis, gall stones, obstructive jaundice, arteriosclerosis, syphilis and convalescence from infectious disease. Hypocholesterolemia is observed, as a rule, in acute and subacute infections during the heights of the fever, in acute anæmia and hematogenous jaundice. In gastric catarrh and in chronic diseases not accompanied by elevation of temperature normal cholesterolemia is observed.—*Max Kahn.*

A PLEA FOR A PRACTICAL UP-TO-DATE REPERTORY.

BY JAMES C. WOOD, M. D., F. A. C. S.

DRUG symptoms obtained by drug provings upon the healthy made it necessary early in the development of our materia medica to index the symptoms under certain headings and subheadings in the form of a repertory. So far as I know the homœopathic school, having as its distinctive feature the selection of drugs according to the law of similars, is the only one in which there has been created a repertory of drug symptoms. The modern works of all schools devoted to diagnosis are, however, resolving themselves more and more into a repertory of diagnostic symptoms. Especially is this true of those devoted to nervous diseases. That splendid volume of Henry Hun's on the Diagnosis of Nervous Diseases, recently published by the Southworth Company, already in its second edition, emphasizes this fact. Indeed, were it possible for some neurologist of our school to take that work and fill in the homœopathic remedies called for by the definite and specific symptoms of the various diseases therein treated, he would have what in my opinion would be an up-to-date diagnostic, plus a therapeutic, repertory invaluable in the treatment of diseases of the nervous system. What is true in the treatment of diseases of the nervous system is equally true of all diseases.

The human mind is most variable in its operation and its ability to grasp data and retain the same for future use. I am frank to confess that up to the present time I have never obtained a large amount of information from our homœopathic repertories. My own brain, diminutive perhaps, is so constructed, and has been so trained, that it is absolutely necessary for me to reason from premises to conclusions. Therefore, according to my way of thinking, the greatest writer on materia medica that the homœopathic school has ever produced since the day of Hahnemann was Richard Hughes. I have more than once made my brother practitioners and my students happy, discouraged and overwhelmed as they were by the great mass of symptoms which goes to make up our materia medica by placing in their hands a copy of Hughes' Pharmacodynamics. In that work you will remember that Dr. Hughes at all times proceeds consistently from premises to conclusions in his presentation of the drugs dealt with. His argumentative style enables me to obtain, to use a mechanical term, a psychic point d'appui in that he begins with the physiological action of the drug to which he constantly reverts when making his therapeutic applications, thereby leaving an indelible picture which would be utterly impossible for me to see were I to study the same drug from the standpoint of symptomatology alone. The study of anatomy was always hard for me because of my inability to remember names. Never more than once or twice in my life have I been able to commit either prose or poetry *verbatim et literatim.* I am inclined to believe that the man who has a retentive memory for words, who is a good linguist, who can easily commit to memory languages and literature and anatomical terms, will care less for the didactic method of dealing with drugs and more for the records of pure symptoms, with a repertory making those symptoms more easily applicable in the treatment of disease. The chief use that I myself make of a repertory is to run down some obscure and unusual symptom which is emphasized by the patient.

But it is unfortunate that our repertory makers, as well as some of our writers on materia medica, have not kept in touch with the progress of medicine, and especially with the diagnostic import of certain keynote symptoms which are recorded in both our materia medicas and in our repertories. This fact I have ever endeavored to emphasize to my students and in what I have written.

In 1897 I presented, as chairman of the Bureau of Gynæcology, to the American Institute of Homœopathy, an address entitled "The *Limitations of Therapeutics in the Treatment of Gynæcological Diseases.*" That was eighteen years ago. In that article I emphasized the good work done by the old doctor of forty and even twenty years before who considered himself capable of dealing with all diseases of all the organs of the body. He possessed, it is true, a mere smattering of some things, but in a good many instances a very profound knowledge of many things. He at least had an abiding faith in the unity of organism, which I am afraid some of us modern specialists are losing, and from his varied experience knew that there is no organ in the human economy which is independent of its fellows. From such material were evolved our Helmuths, and our Franklins, our Gilchrists, and our Sawyers, and a score of others whose names are quite as much household words. I outlined the advantages and disadvantages of specialism, emphasizing the fact that specialism should have for its foundation a well founded knowledge of general medicine. It is equally true that general medicine owes not a little to specialism. I also emphasized the fact that true specialism is but a consummation of much that is below and correlated with it. I endeavored to point out that no hard and fast line can be drawn between the diseases amenable to internal medication and those which are not, showing by illustrative cases that many diseases characterized by gross pathological changes give rise to but few subjective phenomena, while the slightest pathological change in another patient or, indeed, a purely functional condition, may manifest

itself in a most distressing way. The impressionability of the patient must needs be taken into consideration, as well as her environment, her social status, and her habits of life.

In another paper read before the Bureau of Homœopathy, 1913 session, entitled *"The Value of Homœopathic Remedies in Gynæcological Practice,"* I endeavored to show that pain, as a diagnostic symptom, is interpreted in the light of modern, living pathology, obtained through surgery, very differently from the interpretation given it fifty or even twenty years ago; and that in basing a homœopathic prescription upon the totality of symptoms we cannot well ignore this fact. I endeavored to show that even with all our modern refinement in diagnosis the early detection of malignant lesions is often impossible. Granted then that the law of similars is to be depended upon, there is a tremendous advantage in being able to base a prescription upon subjective symptoms alone in those instance where the cause is not determinable. This, to my mind, is the very strongest argument in favor of the law of similars. Its weakest point, in the hands of one who does not see beyond this, is the danger of relying too absolutely upon it, thereby overlooking the diagnostic significance of symptoms which portend danger.

By way of illustration: Few of us believe that it is possible to cure an ovarian cyst of any proportions by internal medication. But what was the preliminary condition which led up to the development of the ovarian cyst? In all probability it would have required a microscope to detect that preliminary lesion, and just here is where, as I understand it, the value of the specific remedy, as a prophylactic measure, asserts itself. One cannot tell how many ovarian cysts have been aborted by, say, Apis mellifica, which has a well known specific action upon ovarian tissue and which is prescribed because of the stinging character of the pain early felt in the affected ovary. What is true of ovarian tumors is true of nearly if not all organic diseases, for nearly if not all organic diseases are functional before becomng organic. Take, in the way of another illustration, cancer of the uterus. What is cancer? The eighteen years that have followed the writing of the paper referred to have not given us a definite answer. Is it of embryonic origin, as Conheim teaches? Is it of parasitic origin, as many of the modern pathologists teach; or are the two theories compatible, the embryonic matrix furnishing the nidus for the reception of the specific germ which is supposed by many to be the primal cause of cancer? Whichever of these theories is accepted, the fact remains that the victim is not born with cancer and, indeed, statistics go to show that heredity plays a much less important role in its production than was formerly supposed. In all instances it is fully conceded that there is diminished physiological resistance, either local or general or both, and that if the system is put right by properly selected remedies and other necessary prophylactic treatment in the way of overcoming friction, removing cicatrices, etc., no cancer will occur.

The foregoing discussion, which may not seem to you on first thought germane to the subject in hand, is to show you that a repertory in harmony with modern thought should be something more than a mere record of symptoms. The man who relies largely upon any of the present repertories, or, indeed, upon symptomatology alone obtained from whatever source, is bound to fall down in innumerable instances in the treatment of his patient. In the article last referred to (The Value of Homœopathic Remedies in Gynæcological Practice) I gave several concrete illustrations emphasizing this thought. For instance, a summary pain with intense backache is a keynote symptom of Cimicifuga; but if that pain were not speedily relieved by Cimicifuga, I should look for various pelvic lesions or to the kidneys to account for it.

Hyperæsthesia of the skin, and, indeed hyperæsthesa of the entire nervous system is one of the keynote symptoms of Hypericum; but physiology teaches us that when a painful stimulus is applied to tissues or to an organ which normally possesses a low degree of sensibility, and which is centrally in close connection with the tissues or organs possessing a much higher degree of sensibility, the pain so produced, as Head long ago taught us, is felt in the part which is relatively more sensitive, and the visceral lesion which is responsible for such hyperæsthesia should be sought for and removed if possible.

Eupatorium perfoliatum produces, when given to persons in health, a diffuse or aching pain in the bones throughout the body with an absence of fever; but the same symptoms are produced by syphilis, lithæmia and autointoxication, either hetero- or autogenic, and while Eupatorium is most useful in these conditions, eliminative measures are called for.

One of the keynote symptoms of Anacardium is indigestion relieved for some hours by eating, and in purely functional conditions, as well as in organic, Anacardium is most valuable; but we know that this is one of the keynote symptoms of duodenal ulcer, and therefore we should not treat a case indefinitely for the danger of unarrested duodenal ulcer is always great.

One of the keynote symptoms of Chelidonium is a persistent pain under the right shoulder blade and Chelidonium is most useful in relieving this condition; but this is also a keynote symptom of many liver conditions—gall-stone disease, abscess, etc.—often of the most serious import.

Pain at the junction of the dorsal and cervical vertebræ is found in the provings of Agaricus;

but it is not infrequently due to a loaded transverse colon.

Veratrum album will produce, in full doses, a cold clammy skin, tenderness over the abdomen, which may be either local or general, sighing respiration and a rapid pulse, and is invaluable in the treatment of bowel conditions, diarrhœas, dysentery, etc., where these symptoms are present; but the picture given is duplicated in ruptured ectopic pregnancy, or in rupture of any of the abdominal or pelvic viscera, and the only thing that will save the patient's life in these instances is to speedily open the abdomen.

Kali muriaticum gives rise to indigestion, gaseous distention and mucous enterocolitis with resulting malnutrition and is often most useful in controlling these symptoms; but in the vast majority of instances, with this clinical picture, the condition is due either to chronic appendicitis or to interference with intestinal peristalsis by direct pressure within the pelvis, and if the patient is to be cured speedily and permanently, and even safely and pleasantly, surgical measures are necessary.

A well known symptom of Sepia in treating diseases of women is a "bearing down sensation, as though everything would protrude from the vagina." If this occurs as a purely subjective symptom, I have no doubt but that Sepia would relieve it; but usually there will be found, when this symptom is present, a relaxed pelvic floor due to separation, oftener submucous, of the levator and muscles.

And so I might continue indefinitely with illustrations such as I have given. Dr. Walton, under the caption of "Misapplied Therapeutics," cited some very tragic ones in a paper published in the Institute Journal for February. Indeed, the language of both perturbed function and gross lesions is symptomatology, either objective or subjective, and my plea is for a repertory that will indicate, at least in a suggestive way, the causes responsible for the symptoms present, as well as the drug or drugs corresponding to those symptoms. Such a repertory should, in my opinion, be compositely edited under the jurisdiction of our National Institute, the editorial staff being represented by all of the specialties, including an internst and a materia medicist, the latter being the editor-in-chief. Every effort should be made to eliminate unreliable symptoms and to better the present arrangements of the divisions, headings, and subheadings which characterize the repertories now extant. Such a repertory would, it seems to me, be invaluable to the interist as well as the specialist. I am well aware that criticism and fault finding are always infinitely easier than are execution and creation, and in order to be consistent I am venturesome enough to offer the following sample page as a suggestion of what I have in mind. The symptoms and remedies are taken from Dr. Boericke's Repertory. My additions simply consist of the enclosures in brackets.

LEUCORRHŒA.

Albuminous, slimy, mucous—(Abnormal sexual excitement, cystic degeneration of cervix)—Agn.; Alum.; Ambra; Am. m.; Berb. v.; Bor.; Bov.; Calc. c.; Calc. p.; Hematox; Inula; Iod.; Kali m.; Kali s.; Mag. c.; Mex.; Puls.; Sul. ac.; Thuya; Tilia.

Bloody—(Malignant ulceration of cervix or vagina, uterine polypus)—Arg.; Bufo; Carbo v.; Cinch.; Cocc.; Kreos.; Merc. c.; Merc.; Murex; Nit. ac.; Nux m.; Sep.; Spiranth.; Sul. ac.; Thlaspi.

Flesh colored, like washings of meat, offensive or non-offensive (Diffuse sarcoma of fundal mucosa), Nit. ac.

Greenish—(Gonorrhœa)—Bov.; Carbo v.; Kali s.; Lach.; Merc.; Murex; Nat. s.; Nit. ac.; Phos.; Pulex; Puls.; Sep.; Sul.; Thuya.

Itching—(Diabetes mellitus; senile vaginitis; pediculi)—Ambra; Anac.; Calc. iod.; Carb ac.; Cinch.; Hedeoma; Kreos.; Merc.; Sep. See pruritus.

Offensive—(Uncleanliness; retained membranes; sloughing polypus)—Aral.; Ars.; Bufo; Carb. ac.; Cinch.; Eucal.; Guaco; Helon.; Hep.; Kreos.; Merc.; Med.; Nat. c.; Nit. ac.; Nux v.; Psor.; Pulex; Robin.; Sab.; Sang.; Sanic.; Sec.; Sep.; Thlaspi.

Purulent, staining yellow—(Gonorrhœa; pelvic abscess; pyosalpinx)—Æsc.; Agn.; Alumen; Arg. n.; Ars.; Aur. mur.; Bov.; Calc. c.; Can. s.; Ceanoth.; Cham.; Cinch.; Eupion; Fagop.; Hydr.; Ign.; Kali bich.; Kali s.; Kreos.; Lach.; Lyc.; Merc.; Nat. s.; Pulex; Puls.; Sep.; Stann.; Sul.; Trill.

Viscid, stringy, tough—(Cystic degeneration of cervix; sexual excitement)—Æsc.; Alum.; Asar.; Bov.; Ferr. br.; Graph.; Hydr.; Iris; Kali bich.; Kali m.; Nit. ac.; Pall.; Phyt.; Sab.; Trill.

In infants and little girls—(Uncleanliness; pinworms)—Asperula; Calc. c.; Can. s.; Carb. ac.; Caul.; Cina; Cub.; Hydr.; Merc. i. f.; Merc.; Millef.; Puls.; Sep.; Syph.

Instead of menses — (Vicarious) — Cocc.; Graph.; Iod.; Nux m.; Phos.; Xanth.

CONCOMITANTS.

Backache preceding and attending—(Kidney lesions; oxaluria; spinal congestion or anæmia, dumbago)—Æsc.; Eupion; Graph.; Helon.; Kali bich.; Kreos.; Mag. s.; Murex.; Nat. chlor.; Nat. m.; Ova t.; Psor.; Stann.

Cervical erosion, bleeding easily—(Laceration with eversion and abrasion; beginnng malignancy)—Alum.; Alnus; Arg. n.; Hydr.; Kali bich.

History of abortion—(Apply curette)—Caul.; Sab.; Sep.

Pruritus vulvæ—(Pediculi; diabetes; protect parts from discharge)—Agar.; Alum.; Ambra; Anac.; Calc. c.; Fagop.; Helon.; Kreos.; Merc.; Sep.

THE DIFFERENTIAL DIAGNOSIS OF EXTRA-UTERINE PREGNANCY.

BY BERTRAM JOHNSON, M. D., AVANT, OKLA.

EXTRAUTERINE pregnancy is an abnormal condition which some of you may contend belongs to the realm of obstetrics rather than gynæcology. I maintain that it belongs to both, and that it often passes into the domain of the surgeon if not to the undertaker first. However, take it as you may, it cannot be disputed that it is a very serious condition of woman, and one that well merits the close attention of the general practitioner into whose care such cases usually first come. Its diagnosis, therefore, is very important and likewise, I am sorry to add, is generally most difficult and uncertain.

With extremely few and rather doubtful exceptions all forms of extrauterine gestation pass their primary stages somewhere in the Fallopian tube. When outside that structure it is after rupture has occurred and when a diagnosis would be of little avail unless all the means for an immediate laparotomy were at hand, since due to severe internal hæmorrhage, collapse and death follow quickly. This paper, therefore, will be confined to the primary or tubal variety of ectopic pregnancy.

The main conditions to differentiate are cornual pregnancy, pyosalpinx with indistinct history of pregnancy, intrauterine pregnancy complicated by fibroid tumor, intrauterine pregnancy with lateral flexion of uterus, and normal intrauterine pregnancy with appendicitis.

Taking up the first of these, we know that rupture in tubal pregnancy is prone to occur at some period during the first three months, whereas in cornual pregnancy rupture usually takes place between the third and sixth months. On bi-manual examination, the tumor in the former case may be found to the one or the other side of the uterus, and is usually distinct, exceedingly sensitive and semi-elastic, while in the latter condition there may be one tumor, this being dependent upon the degree of bifurcation, and the mass is not sensitive, but presents the characteristics of a uterine tumor. In the tubal gestation (if your tactile sense is acute) the round ligament may be felt attached to the uterus on the inner or uterine side of the gestation sac. In cornual pregnancy it is displaced outward and is attached to the external side of the gestation sac. If reasonably certain of tubal pregnancy, the use of the curette is allowable, and examination of the removed specimen will confirm the diagnosis by showing an absence of true decidual tissue. In many instances it will be necessary to make the examination with patient fully anæsthetized.

Next in consideration comes the diagnosis of tubal pregnancy from pyosalpinx with indistinct history of pregnancy.

Here, as before, we know that rupture is likely to occur within the first three months in the case of tubal gestation, while in pyosalpinx the history may have covered a period of many months without symptoms of rupture. The usual clinical manifestations of pregnancy are present in ectopic gestation. The uterus is enlarged, the lower segment more or less softened, and the cervix is soft. In the case of pyosalpinx the signs and symptoms of pregnancy are very indistinct. The uterus is not enlarged or soft, nor is the cervix soft. In the former we have often a history of more or less sterility for a varying period of years with signs of endocarditis. The tumor is small, exceedingly sensitive, but, as a rule, not firmly bound down in the pelvic cavity.

In pyosalpinx, on the other hand, the history is one of acute attacks of peritonitis occurring at intervals after an attack of gonorrhœa. The tumor is large, only moderately sensitive and firmly bound down in the pelvis and surrounded by a mass of exuded lymph. Of course, the Abderhalden test would show in the one case pregnancy to exist, and in the other not, and so confirm the diagnosis, but such means as yet are not often available to the general practitioner.

Right here let me add, that I have heard it stated by some that the X-ray can be brought into use in a case of this kind, and will disclose a fœtus if any, but for my part I fail to see how this can be applied; for firstly, it must be remembered that up to the fourth month all generative structures lie within the pelvic cavity hidden from X-ray view by the pelvic bones; and secondly, up to the third or fourth month no bony structures have been developed in the fœtus, and hence the fœtus would offer little or no obstruction to the X-rays could they be directed upon it.

Let us now consider intrauterine pregnancy complicated with fibroid tumor. On examination we will discover a mass, rounded, and in most cases nodular, hard, non-elastic, non-fluctuating, in close union with the body of uterus, and not sensitive to touch. In the case of ectopic pregnancy, on the other hand, will be found to one side of the uterus a mass, rounded, very sensitive, elastic and semi-fluctuating. The uterus is enlarged in both instances, but in the case of ectopic pregnancy it is not in proportion to the period of gestation, whereas with the fibroid the size of uterus is even in excess of a normal uterus. Also in the case of ectopic, rupture is prone to occur at the usual

time, and in the other condition no signs of rupture follow.

Pain is also an early symptom of extrauterine gestation, and the menstrual history is irregular, and there is usually an early return of the show, whereas in normal pregnancy with uterine fibroid pain develops only after the tumor has reached sufficient size to press upon surrounding structures, and menstruation is nearly always suppressed.

Next, let us diagnose between a tubal and a normal pregnancy with lateral flexures. First, on digital examination, the body and cervix of the enlarged uterus are generally in a straight median line in the tubal variety, and in the case of flexure, the fundus and cervix lie on opposite sides. The size of the uterus in ectopic is under that indicated by the duration of pregnancy; not so in the other condition. Menstruation is suppressed in the normal variety and irregular in the tubal. Sometimes under an anæsthetic the appendages can be palpated and will, of course, be found normal in one case and with a mass closely attached in the other. Then in the tubal variety, remember, pelvic and abdominal pain of a severe colicky nature are present as soon as much enlargement of tube takes place, and rupture in one-fourth of the cases occurs before the twelfth week, and usually at about that time. Here, again, if reasonably certain of ectopic condition, we would be justified in resorting to the curette to determine the presence or absence of decidual tissue.

Right here let us not lose sight of the fact that it is possible to have a patient with both intra- and extrauterine gestation at the same time. The writer has had just such a case, and made a diagnosis of normal pregnancy complicated with appendicitis, as the pain and tumor-like mass were in that region. Fortunately, an operation was considered imperative, and it was not until the incision was made disclosing the lower abdomen filled with blood and clots that a ruptured tubal pregnancy was discovered. The appendix was found normal. This patient miscarried a few days later, which confirmed the diagnosis of intrauterine pregnancy and, though in very poor, weakened condition, finally recovered.

This brings us to the last condition to be considered, that of normal pregnancy complicated with appendicitis. All the writer has to say in regard to a differential diagnosis of this ill fortune and tubal pregnancy is, that in the light of the aforestated experience, if the duration of gestation lies close to ten or twelve weeks, and at all in doubt as to whether a right-sided tubal pregnancy or a normal pregnancy complicated with appendicitis exists, do not hesitate or waste time having your patient operated, as otherwise, in either case, her life is in great danger. [Oklahoma Institute of Homœopathy.]

DO WE VIOLATE THE LAW OF THE SIMILARS BY THE INTRAVENOUS ADMINISTRATION OF A PURE DRUG?

BY W. N. FOWLER, M. D., KALAMAZOO, MICH.

EVER since the discovery of the law of the similars the question of the size of the dose has been the rock on which many a good individual has broken.

Hahnemann said that by a process of dynamization the curative action of a drug is increased. Admitting the truth of this statement, have we not as homœopathic physicians all had the experience that some drugs fail in the higher potencies and cure in the pure drug preparations.

I am not here to oppose the dynamization (I use the word dynamization as better than attenuation or dilution which may be correct with regard to crude drugs but cannot be correct with regard to the increased activity in the higher potencies) of certain drugs or question their curative action in their sphere.

I am especially interested in the drug Iodine. Burt's Physiological Materia Medica gives us an interesting picture of the action of Iodine, and at the head of the list is placed the glandular system. Acting through the organic nervous system, especially centering upon the thyroids, mesentery, mammary, ovaries and testes, with primarily a stimulating and later a depressing action.

He states that upon the thyroids "no remedy has a more powerful and specific action." Later studies have shown that the function of the thyroid is increased in proportion to the percentage of Iodine present in the gland, and theoretically, bronchocele or soft hypertrophy of the gland is due to nature's effort to supply a deficiency of iodine by increasing the size in the effort to increase its function, and by supplying Iodine in an assimilable form the gland soon assumes its normal function and the hypertrophy disappears.

Iodine has been styled a liquefacient of the tissues, and is supposed to promote disintegration with such rapidity that waste is in excess of supply, hence atrophy.

We call upon the action of the remedy in syphilitic and other neoplasms, bearing in mind that it is the function of the lymphatic absorbents to take up such tissue substances disintegrated, but not altogether effete, and having elaborated it into blood, to pour it back again into the circulation. Thus supposing the absorbent system to continue healthy the result of such increased rapidity in disintegration of tissue would only be an increase of purity of the substance and the energy of the functions of the entire organism.

The sphere of action of Iodine is the great absorbent system, especially in the lacteal portion, its action, probably by irritation of active

protoplasm is depressant rather than stimulating.

Dr. H. Goullon and Dr. Burt agree that scrofula is essentially a morbid condition of the lymphatic and lacteal systems, whereby the lymph and chyle are supplied to the blood in an imperfect or vitiated state and the nutritive processes thereby impaired.

If this be so we may well understand that Iodine may change for the better the whole scrofulous diathesis owing to the profound action it produces on the lacto-lymphatic system.

The action of Iodine on old indurations and suppurations of cervical glands must be of the destructive order requiring material doses. Its action on the pancreas is stimulating, but if continued in too large doses it is depressing followed by atrophy.

Iodine is eliminated chiefly by the kidneys, though to some extent by all the mucous membranes. Close observation shows that it first appears in the saliva in the form of sodium iodide, and after some hours it may be detected in the urine, gastric juice, bile, tears and the milk of the nursing mother, but much the larger part leaving through the kidneys within twenty-four hours, small amounts remaining in the system for weeks.

This fact supports my contention that so long as the dose of a drug given is too small to produce a poisonous effect, such portions of that drug not needed in the human economy are rapidly eliminated, the system retaining only such amounts as are needed to restore normal cell functions.

I made this statement some time ago in an article published in the *Medical Standard,* on "The Organic Compounds of Arsenic Used Intravenously."

H. C. Wood says: "During its passage through the kidneys Iodine undoubtedly exerts an influence upon these organs, as is shown by its producing albuminuria at times. But the conflicting statements of the cases tested and the probable difference in constitutions would account for the contradictory action of the drug."

During the last three years many cases have been reported and a very able article by Doctor Pearcy, of Galesburg, Ill., on "The Use of the Thyroids in Nephritis," also Dr. Berlin, of Denver, reports a cure of Bright's disease by the intra-venous use of Iodine. These are apparently homœopathic cures in the hands of physicians of the dominant school.

In a recent number of the CENTURY Dr. Albert Hinsdale depreciates the use of Iodine in tuberculosis, while reports are coming in from all directions of the wonderful results from the use of Iodine intra-venously in early tuberculosis in its various forms, including joint and intestinal infections.

Iodine in tuberculosis involving lung tissue should be used early while there is yet but a small area of involvement, for by its property of liquification of tissue it opens up these areas and liberates the bacilli which are destroyed by the increased resistance of the patient.

Writers have cautioned against the use of Iodine in cases where albumin is present in the urine, but the cases reported by Berlin and Pearcy and many others show that albuminuria is sometimes symptomatically cured (at least) by the internal use of Iodine and Thyroid extract, which are very similar in their action.

The intra-venous use of pure drugs is rapidly coming into favor with the progressive physician: the fact that it does away with the frequent repetition of the dose and all gastric disturbances appeals to the patient.

The prompt results apparent to both physician and patient establishes a confidence often lost due to the inefficiency of oral administration.

Mercury, Arsenic, Sodium salicylic, Kreosote, Guiacol, Iron, Sodium, Potassium, and last but not least, is Iodine, all being administered by the intra-venous route with results that are often quite startling.

Mercury produces a picture, a perfect likeness to certain stages of syphilis, hence its indication. The question of the size of the dose remains with the individual prescriber, and as long as the dose remains small enough not to set up pathological disturbances, we continue to prescribe Mercury in sufficiently large doses to destroy the spirochetæ, and many are using it in doses of from 1/60 to 1/30 of a grain intra-venously.

TREATMENT OF PERSISTENT INACCESSIBLE HÆMORRHAGE.

EVERY physician feels the need occasionally of a reliable agent in persistent hæmorrhage that is inaccessible to the ordinary modes of treatment. Coagulose meets that want—meets it better, it is believed, than any agent hitherto employed for the control of hæmorrhage due to defective coagulation of the blood. Coagulose is prepared in the biological laboratories of Parke, Davis & Co., from normal horse serum. It is administered hypodermatically (subcutaneously).

The directions for preparing Coagulose for use are as follows: Add to the powder in the bulb 6 to 8 c.c. of sterile water, the temperature of which should not be above 98 degrees F. Introduce the water into the bulb through the needle of a 5 c.c. syringe. The rubber stopper should then be replaced and the bulb immediately shaken, continuing the agitation three or four minutes or until the powder is completely dissolved.

To fill the syringe, invert the bulb and remove the rubber stopper from its mouth. Insert the needle of the syringe into the solution in the inverted bulb and draw the fluid into the syringe.

By inverting the bulb before inserting the needle, one avoids the likelihood of drawing the foam or bubble (caused by agitating the liquid in the bulb) into the syringe, as the foam will rise to the top of the solution, leaving the field for the insertion of the needle perfectly clear.

PSORINUM—A NOSODE.*

BY C. F. JUNKERMANN, M. D., COLUMBUS, OHIO.

"IN the autumn of 1830, Dr. Constantine Hering collected the pus from the itch pustule of a young and otherwise healthy negro. He had been handling some stuff from Germany, and had thus been infected. The pustules were full, large and yellow, particularly between the fingers, and on the hands and forearms. Dr. Hering opened all the mature, unscratched pustules for several days in succession and collected the pus in a vial with alcohol. After shaking it well and allowing it to stand, he commenced his provings with the tincture on the healthy. Its effects were striking and decided. He administered it to the sick with good results and sometimes witnessed aggravations. He called this preparation Psorinum."

Psorinum becomes a useful and homœopathic or similar remedy only after its curative powers have been developed by trituration or potentization, and prescribed in accordance with the law of similars, which is the only rational, practical and scientific manner of prescribing our homœopathic remedies. In order to obtain the maximum and marvelous results which are daily experienced by practitioners of our school we must follow this homœopathic method of prescribing.

It seems strange that there should be so much confusion in medical literature relative to Homœopathy and the term isopathy. Isopathy is derived from two Greek words signifying equal or the same and disease, hence it never has and never can be of any benefit as a therapeutic method for curing disease. It makes no difference how much you dilute the crude material you have the same identical disease producing substance which can only increase the disease, suffering and destruction of tissue which finally leads to death, as has been repeatedly proven in the use of the diluted crude Tuberculinum.

As soon as the crude substance is subjected to trituration or potentization, it is at once removed from the plane of isopathy or sameness and is elevated to the realm of a homœopathic or similar.

Degree of Potentization: If we consider disease as a disturbance of the harmony of cell action, which cells are microscopic in size, there being 156,000 million separate and distinct cells to a single cubic inch of the liver, and we desire the medical substance to enter into and influence the nucleus of these cells so as to restore harmony of cell action, which means health for our patients, does it seem rational to expect a complete recovery in long standing diseases with the low potencies, or does it seem possible from the above facts to get the potency too high?

We will now take up the appearance and symptoms of a psorinum patient. Most all of the fully developed or characteristic psorinum patients that have come under my care and observation were of a psoric plus sycotic origin. They were all dirty, filthy and repulsive looking creatures, making a person feel more at ease when at a distance. There is emitting from the skin a very offensive odor smelling like carrion. The stool, flatus and eructations smell like spoiled eggs.

The mental symptoms are very peculiar. Memory so weak he cannot remember, does not even know his room. His thoughts he cannot get rid of, and they constantly reappear in his dreams. Dull, stupid, foggy, as after a debauch, on awakening; dizziness such that he falls down.

Despairs of recovery; thinks he will die; hopeless, especially after typhus. Feels better from nose bleed. He thinks he has been a failure, and his usefulness has come to an end and becomes sad and depressed, even has thoughts of suicide and speaks of committing same. If your patient is suffering from psora and sycosis only, you need have no fear of him doing himself any bodily harm. He may injure others, but he is a mortal coward when it comes to injuring himself; but if he has ever had a chancre or syphilis then look out, for if he threatens suicide he will likely carry out his threat.

The skin lesions are unhealthy in type, and both the physiological and pathological secretions are usually very foul. Vesicles, pustules and crusts predominate, though sometimes situated on a scaly area or about the border of a scaly patch. The location of the eruption may be general or limited to the face, hands, arms, legs, chest or back. Sensations of itching or crawling are pronounced, sometimes so intolerable that the lesions are scratched until they bleed. The sensations are worse from warmth of bed or exercise, often in the open air, and are sometimes better in the morning, while at rest and indoors.

Chronic eczemas of various types which do not yield to apparently indicated treatment may respond to this remedy.

It is especially adapted to a persistent and offensive form of eruption apparently due to an ill-defined diathesis (psora). Such patients generally show a dirty or yellowish hue of the skin, complain of sudden and offensive perspirations and constantly worry about themselves. They are always worse from warmth of bed, as in

*Read before the Homœopathic Medical Society of Ohio.

genuine scabies. Occasionally such chronic eczemas are characterized by a recurrence with the return of cold weather for many years or until they are permanetly cured. In prolonged cases the lymphatic glands may remain persistently swollen.

May 3d, 1912, Mr. L. D. W., age 43 years, came to my office from a neighboring town with the following history: He was then and had been for the past ten years a victim of one of the most aggravating forms of eczema. For the first eight years the eczema would subside during the warm summer months, but the recurrence with the return of cold weather was always characterized by its increased severity and persistence until two years ago when it continued without abatement during the warm summer months as well as winter. The upper part of the body, especially the left chest and arm was a mass of papules, vesicles, pustules, crusts and scabs. The skin of his whole body had an unhealthy, dirty appearance. He was always worse from warmth of bed and was unable to perform manual labor on account of the intolerable itching from the least exertion. He would scratch until the parts would bleed, and large scabs would form. He had become so discouraged and despondent that he concluded if relief was not obtained very quickly he would end it all by suicide, as he could not endure the suffering much longer. Psorinum 30x d. gave relief in less than three weeks; in eight weeks he was given 50m, followed by one dose of cm, which completed the cure.

For offensive perspiration compare Sulphur, Sepia, Mercurius, Murex and Nux vomica. For menstrual disturbance compare Argentum nitricum, Apis, Cimicifuga and Lachesis.

The chairman of this bureau has suggested that an up-to-date definition of psora be given or included in this paper. The subject of this paper being Psorinum and the definition he desires being of psora, it will be given as an appendix, which may be omitted if not approved.

DEFINITION OF PSORA.

(1) Psora is to itch.

(2) Psoric miasm.

An unhealthy condition of the human body due to an underlying discrasia implanted in man following his disobedience to the laws of nature, or, we might say, following the fall of Adam and Eve in Paradise, which is the primary factor of all diseases of the human family.

Hahnemann has said that "If it was not for the presence of psora in the organism, the organism could not become affected by any other disease, not even syphilis or sycosis." It is the basic principle of all expression of disease. It is the bond of acceptance that induces the life force to receive the disease. It is the gateway of reception, the doorway wherein disease entereth. Disease can enter in no other way. It is the insigna of disobedience and the sin processes, therefore all disease processes must partake of it or they cannot enter therein. Seldom do we find psora, now an acute disease, universally; it now appears as a latent disease, affecting nearly every organism in some manner.

Physicians of ancient times had recognized the fact that eruptions, when suppressed, were followed by direct consequences, and neither their modes of treatment nor any power then known could arrest or stay the processes, now known as internal disease. Conscientiously and faithfully they recorded their efforts and their failures to cure these multiple manifestations which we know to have been nothing more than psora.

Hahnemann was the first to classify psora as a chronic miasm and to give it the prominence it now holds as a disease producing agent, as a parent or basic element of disease.

At one time it had presented itself in the form of a malignant itch, at another as a leprosy, again as "the plague," and so on through all time. The itch is simply one of the manifestations of psora.

Grauvogle says: "The psora theory is an explanation of facts which have arisen from the conditions of the human organism, and thus do not owe their origin to the itch mite merely, but also to the causes of the origin of the itch mite itself, for instance, and this, even according to Hahnemann, to sedentary habits and damp air, to which must be added also the unhealthiness of man. Under such influences the itch mite is developed as are other vermin. Although pathological anatomy thinks itself permitted to assume that the itch arises every time only by the transfer of the mite from one affected man to another, according to which supposition the itch mite even must have had an Adam and Eve."

Thus it will be seen that psora means more than suppressed itch, and that to so construe it is but taking a narrow view of the subject instead of the one elaborated by Hahnemann. It is a hereditary taint which has been growing in force from generation to generation from being improperly treated. Its forms are protean, and it can only be properly understood by close attention to Hahnemann's writings, for in them is the source of all that is known of the subject. Hahnemann seemed to be fully conscious of the difficulty of having his psoric doctrine properly understood, hence he made the following confession:

"I will grant that the doctrine, that all chronic non-venereal diseases which are not extinguishable by the vital force, in an orderly course of life while external circumstances are favorable, but which even increase with years, are of psoric origin, is for all who have not fully weighed my reasons and for all narrow-minded people, too great, too overwhelming. But it is nevertheless true."

138 East State Street.

BRYONIA—AN IMAGINARY PRESENTATION OF THE DRUG TO CLASSES IN A FOUR YEARS' COURSE OF MEDICINE.*

BY C. E. HETHERINGTON, M. D., PIQUA, OHIO.

IN the transactions of this society for 1913 a paper is presented by myself, entitled "Materia Medica From the Standpoint of a Student." The central idea of that paper is the presentation of the various medical subjects, and particularly of materia medica, in a logical way, or, rather, in such a way as to gradually unfold it to the student, or to build up his knowledge of the subject by a cumulative process, and also a plea for the production of graded text books of general medical subjects as well as materia medica.

At the beginning of the study of medicine, no matter what his age or his previous training, the student is nevertheless a beginner. It is not logical to begin the study of a drug by having him commit to memory a few keynote symptoms. Keynote symptoms of materia medica form the most unstable basis that can be given a student, or become the worst possible indication for prescribing, and very likely lead to a lazy method of drug study as well as a very faulty method of prescribing.

It is our purpose in the subsequent part of this paper to present one drug—Bryonia—in which the study of the drug covers a period of four years. An introduction is merely given in the freshman year. This year should be the one in which no attention is paid to the therapeutic application of the drug, but exclusively to its botany, pharmacology and possibly its toxicology. During this year, of course, certain lectures should be devoted to the methods of homœopathic proving, and, after the study of the drug from this standpoint, we may proceed to the study of the drug from the standpoint of its physiological action, and its usefulness, when necessary, in making a physiological prescription.

While it is not our purpose to furnish material for an argument, we do wish to digress sufficiently to remark that the physiological prescription is very often necessary, and the importance of knowing a drug from the standpoint of its physiological action is of prime importance in the crises which the physician will often meet, and in which successful use of the physiological dose depends upon the physician's knowledge of its application. Of course, Bryonia is rarely prescribed for its physiological effect, but it must be know nevertheless. It may be argued against this manner of the presentation of the drug to the student, that it makes it impossible to adequately cover the ground of the materia medica, when so much time is devoted to the study of one drug. In answer to the objection, let it be said that three lectures per week, each year during a school year of thirty weeks, give opportunity for the study of ninety remedies per year. Every year in the four years' course the same drug is taken up, and additional facts of importance regarding its action and application are made. The grounding of the student in nearly one hundred remedies will give more than ample working basis for the study of other drugs.

In order to anticipate far in advance of the teaching of the more definite therapeutic application of the drugs, from the beginning, it is suggested that they be presented not alphabetically, but in groups, the classification of these drugs depending upon their leading or most marked action. For instance, the student's future application of the drug in practice will depend upon his ability to call to mind quickly and differentiate the drugs needed in the particular case for which he is called to prescribe. We, therefore, venture to lay ourselves open to criticism from some quarters of the homœopathic profession by seeming to descend to the study of our remedy from a physiological standpoint, or from one of organo-therapy. Our contention is that this knowledge will frequently tell the physician where to prescribe as well as how to prescribe. To skip abruptly from the study of one drug acting chiefly upon the heart to one of widely different action, merely because it comes next in the alphabetical arrangement, is to scatter the student's attention and his efforts over too large a field. We would have him study, for instance, drugs acting upon the heart, in which group we would find Cactus, Digitalis, etc. By studying these drugs in close succession, if not with regard to their relation to another, is to induce the student to make voluntary comparisons, thereby making more solid his information regarding the remedies as a class. It is probable that frequently our classification will overlap, but that rather to the student's advantage than disadvantage. While Strychnine, for instance, has a marked action upon the heart, we would not classify it as a heart remedy, but put it in the classification of stimulants, with Nux vomica, Ignatia, Cocculus, Strychnia phosphorus, Strychnia arsenicum, Cinchona, alcohol, etc.

The first year's work consists of familiarizing the student with the botany and physiological action of the remedy. Just as he is to learn his histology of normal tissue before he takes up his pathological studies, so is he to recognize the agent of cure in its less important relation to diseased conditions.

For botany and pharmacology of Bryonia, which we present merely as an example, some such summary as that which we borrow from Ellingwood would serve admirably.

Bryonia alba and Bryonia dioica are both climbing plants; the former indigenous to northern, and the latter to southern Europe; leaves

*Read before Ohio State Homœopathic Medical Society. Toledo, May 11, 1915.

rough, cordate, five-lobed, toothed; flowers greenish yellow, arranged in racemes; Bryonia alba has black and Bryonia dioica red globular berries, about the size of a pea; root one and a half to two feet feet long, two to four inches thick, spindle shaped, somewhat branched, externally yellowish-gray, internally white, succulent, fleshy, transversely wrinkled; bark thin, brown lined, broad medullary rays and numerous small wood bundles arranged in circles and radiating lines, separated by broad cycles of parenchyma which shrinks in drying; taste bitter, acrid, disagreeable. Solvents, alcohol, water. Dose, from ten to sixty grains.

Physiological Action: In large doses Bryonia is an active hydragogue cathartic, and sometimes causes inflammation of the stomach and bowels. In poisonous doses it causes fall in temperature, dizziness, delirium, weak pulse, cold perspiration, dilated pupils and other evidences of depressing action on the nervous system. The recent root is highly irritant when locally applied, and capable of producing vesication.

Therapy: Pleuritis, bronchitis, pneumonitis, peritonitis, pericarditis, endocarditis, rheumatic inflammation of the heart, typhoid pneumonitis, pleuro-pneumonitis, typhoid fever, septic fevers, rheumatic fever, acute rheumatic arthritis, inflammation of the liver, jaundice, mastitis and orchitis.

We have given thus far an adequate amount of information to occupy the student of the freshman year. He is learning the appearance and general uses of his instruments of cure.

For the sophomore year we would suggest a review of the foregoing, with a general analysis of the drug's application. For the general analysis, which should be included in the first, we have no superior to that brief one given by Cowperthwaite in his Materia Medica:

"Bryonia acts especially and powerfully upon the serous membranes and the viscera they contain, more particularly the pleura and lungs; next the brain and finally the liver. Then comes the action upon the synovial membranes and muscular fiber, and last upon the mucous membranes of the respiratory and alimentary tracts. The condition set up is not one of acute inflammation, but rather of subacute; more closely simulating that condition when infiltrations, exudations or effusions are about to occur, the symptoms indicating a condition intermediate between inflammation and nervous irritation. When, however, the inflammation, while still being subacute in its character, partakes more decidedly of a rheumatic and arthritic nature, and possibly this condition may be said to always characterize the Bryonia inflammation, regardless of the tissues involved. The most characteristic expressions of Bryonia are its stitching, tearing pains and the aggravation of all its symptoms by motion."

For the junior year is added the leading symptomatology, which should be brief but practical, including keynote symptoms.

It is not necessary for us to tire you with a repetition of all this great polychrest, which should be included in the junior and senior work. They should include only those well verified symptoms, the knowledge of which furnish the student with a working basis for his prescription.

The work of the senior year should be a general review of the foregoing, of course. There should be given in this last section the broader view of the symptomatology and the comparisons of the drugs with others related to it by similarity of symptoms of general classification.

In summary, our plea is as follows:

A text book of materia medica divided so as to meet the requirements of each of the four years of the medical course.

The adoption of this text by all homœopathic schools.

The use of this text as basis for all examinations, school and state board.

This text to present the study of drugs based upon the therapeutic usage, not upon botanical or alphabetical arrangement.

The information contained in the book to be botanical, pharmacological facts, physiological action and such homœopathic symptomatology as is well established by proving and clinical usage.

WHAT HAS BEEN ACCOMPLISHED IN THE MEDICAL TREATMENT OF CANCER.

BY ELI G. JONES, M. D., BUFFALO, N. Y.,

Honorary President of "The American Association of Progressive Medicine," Author "Cancer; Its Causes, Symptoms and Treatment," "Definite Medication," etc.

THE first fifteen years of the new century has witnessed some wonderful strides in the medical treatment of cancer. Any physician who has kept in touch with the independent medical journals for several years past has had the privilege of reading of cases of cancer cured by *medicine*.

Books on the medical treatment of cancer have appeared at different times during the past forty years; therefore, there is no *excuse* for the modern physician saying that there is "no cure for this disease" by medicine. Some of the surgeons and some laymen have rushed into print to tell the public that "there is no cure for cancer but the knife, and the earlier the operation the better for the patient." Certainly, the *earlier* the operation the more *times* the patient can be operated on and the more *money* for the surgeon. All the efforts of the profession has been based upon the *theory* that cancer is a local dis-

ease. If a general operation is a cure for cancer then why should 75,000 persons die of cancer in the U. S. annually?

For the past 200 years the profession have been hunting for a "cure," a "specific" for cancer. During the past 50 years 100 remedies have been exploited as a *cure* for cancer and *failed.* First, let us consider what we mean by a cure? I am of the opinion that the idea of a cure for cancer, as explained by Dr. John Hunter, one of England's greatest surgeons, is the *correct* definition of a cure. He says, "What I call a cure is an alteration of the *disposition* and the *effect* of that disposition and not the *destruction of the cancerous growth.*"

From the above it will be seen that merely *cutting out* the cancerous growth will *not* cure the disease, or the application of a caustic plaster to the diseased growth. For *back* of the growth that appears externally is the *disposition,* the cause that brings about the diseased condition known as cancer. Sir Astley Cooper, the great English surgeon, says, "A physician who considers cancer as a local disease has a very poor conception of what cancer *really* is." The physicians in this country who have made the *greatest* number of actual *cures* of this malady have treated it by medicine, and as the *local* manifestation of a *constitutonal disease.* When we speak of a specific for a disease we should remember the *meaning* of the word. According to the dictionary, it means "a remedy for a particular disease." Therefore, to *be* a specific, it must cover *all* the *symptoms* of the disease, which is an *impossibility.*

From this it will be seen that there is no such a thing as a specific for *any* disease on earth.

Doctors (heretofore unknown to fame) rush into print in medical journals and the public press to make the startling announcement that they have discovered the cause, and a cure for cancer. Any physician who *claims* to have a remedy or a combination of remedies that will cure *all* forms of cancer is merely asserting an *impossibility* and it is the very *worst* form of quackery to make such statement. The time for *theorizing* is past: what the profession and the public want to know, is there any rational *successful* treatment for cancer, by *any* other means than a surgical operation? In my study of the materia medica of the five schools of medicine I have *tested* in *actual* cases of genuine cancer 75 remedies, and found them *curative* in cancer. Each remedy has a *clear cut* indication, and with these remedies cancer *can* be treated rationally and successfully. When we speak of being able to *cure* cancer, it means to be able to *adapt* our remedies to the disease *wherever* we find it in the human body. In 1911 I gave to the world my book on "Cancer; Its Causes, Symptoms and Treatment," the first book ever published in *any* country on the *medical* treatment of internal and external cancer. In that book will be found a record of 100 cases of cancer *permanently cured,* also the *indications* for the 75 remedies that are *curative* in cancer. The book was submitted to a jury of twelve prominent physicians, and they were to judge the book *solely* upon its *merits.* Their verdict was *unanimous* in *favor* of the book. Copies of the book were presented to our President and the rulers of twelve foreign countries, and from some of them I have received very *kind letters,* showing their *appreciation* of the *grand* work I have done for the profession and our common humanity.

These letters are a great *honor* to an American physician and author. Sir Robert Bell, M. D., London, England, an authority on cancer in Great Britain, showed *his* appreciation of the book, for in a letter to me he says:

"I have read your book with great interest and profit, and I am delighted to see that you and I so cordially agree." Dr. Bell is doing a grand work in England in the *medical* treatment of cancer. He is the man who sued a member of the British Medical Association for $10,000 damages for calling him a "quack," because he *claimed* to cure and *did* cure cancer by medicine and won his case. I have had four cases of cancer of the stomach at pylorus reported to me as *cured (after an operation)* by the treatment in my cancer book.

This is a wonderful *advance* in medical science. It far *surpasses* anything that has been accomplished in the present century. It marks the dawn of a new era in the treatment of a disease that causes so *many* deaths. I have also had three cases of cancer of the intestiens cured by the treatment in my book as well as twelve cases of cancer of uterus (scirrhus) reported to me cured by treatment as given in that book. This book is now used by physicians of all schools of medicine in most of the States of the Union, and with the treatment as given in the book they are *curing* cancer. From this it will be seen that the cure of cancer is no idle dream, for it is *being cured* not only in America but in Great Britain. I have given the best years of my life to develop a rational, successful treatment for cancer. I have tried to lift the treatment of cancer out of the mire of quackery and raise it up to the dignity of a specialty. I believe that I have succeeded, for very many intelligent, educated, earnest physicians are taking hold of this work. For they realize that it is high time to try and *do* something for the 225,000 victims of cancer in the United States. The time for theorizing, hunting for a specific, a cure, experimenting on rats, mice and rabbits has passed. What the public want is a *rational successful* treatment for cancer. In the earier years of my practice I received much abuse and persecution because I *dared* to claim to cure cancer by *medicine,* but after all these years by *repeated* cures of cases of

cancer (diagnosed as such by eminent physicians) I have established the fact that I can *cure* cancer, or, in other words, I *have proved my case*. One prominent regular physician of New York City wrote me before his death: "We recognize you as an authority on cancer." Another physician in the west, well known to the profession, said: "The profession owes you a debt of gratitude for you have made *good* in the medical treatment of cancer.

879 West Ferry St.

BOOK REVIEWS.

Modern Aspects of the Circulation in Health and Disease. By Carl J. Wiggers, M. D., Assistant Professor of Physiology in Cornell University Medical College. Octavo, 378 pages, illustrated with 104 engravings. Cloth, $3.75, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

Those who have followed the reports of Professor Wiggers' careful investigations will welcome the appearance of this volumme which places before them in convenient form much material of the utmost value, hitherto unavailable save in detached articles, and additional matter, heretofore unpublished. By the profession at large it will be not less appreciated as a clear presentation of all that modern science has achieved in a most important field.

This work, however, is in no sense a compilation from previously published articles, but a complete statement of the definite knowledge acquired through individual research work extending over 11 years, and a contemporaneous study of the most extensive literature of the subject. Most of the material derived from the author's investigations is here presented for the first time. The author shows the ways in which the application of laboratory methods at the bedside and in the clinic has led to the elucidation of many obscure conditions, the recognition of new diseases and the institution of new forms of treatment. As requisite to a grasp of its phenomena in disease the most modern conception of the normal circulation is presented in clear detail. While emphasizing the fact that nothing can be substituted for the power of accurate observation Professor Wiggers makes plain that many phenomena of both the normal and abnormal circulation escape the detection of the unaided senses, and thus opens the way for an extended consideration of the various instruments and procedures for studying the circulation, translating and recording their findings. This is no mere catalog of instruments and apparatus, but an elucidation of procedures, of interpretations and of the use of apparatus. The definite and discriminating appraisal of the value and limitations of the apparatus now available is in line with the wise conservatism with which the author treats each aspect of a subject, on which his entire viewpoint is essentially modern.

Data obtained by laboratory investigation of abnormal conditions are usefully co-related with the results of instrumental observations at the bedside and with conceptions derived from unassisted clinical observations. In the final analysis this is an enlightening reference work and text in a complicated subject and a practical guide in the use of instrumental aids in diagnosis.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles by Henry W. Cattell, A. M., M. D., Philadelphia, Pa. J. B. Lippincott Company, Philadelphia and London, Publishers.

This quarterly contains many interesting papers by noted writers. The chapters that are especially interesting to homœopathic practitioners are: Routine of Practical Vaccine Therapy, by Dr. Horace Greely, Brooklyn, N. Y., and The Early Diagnosis of General Paresis, by John E. Lind, M. D., Washington, D. C. The price of the book is $2.00.

A Practical Treatise on Diseases of the Skin. By Oliver S. Ormsby, M. D., Professor of Skin and Venereal Diseases in the Rush Medical College, Chicago. Octavo, 1168 pages, with 303 engravings and 39 plates in colors and monochrome. Cloth, $6.00, net. Lea & Febiger, Publishers, Philadelphia and New York.

Dr. Ormsby's recognition as one of the world's foremost dermatologists gives to this work the stamp of high authority. He has brought to the task of preparing a complete consideration of present-day dermatology, with its broadly divergent aspects, peculiar qualifications resulting from thorough study and broad clinical observation, and has not failed to profit by his long association with the late Drs. J. Nevin Hyde and Frank Hugh Montgomery. The appearance of his work at this time is particularly opportune, resulting in a careful, up-to-date, and final review and co-ordination of the numerous and important additions to the knowledge of this subject recently reported from various parts of the world.

The volume is concise but its descriptions of cutaneous conditions are sufficiently detailed to be of real value to practitioner, specialist or student. Many new diseases have recently been differentiated, and new facts discovered concerning the nature and course of previously known diseases. All these findings are taken up and harmoniously developed in the author's finished consideration of the subject.

The striking results of recent research in the etiology and pathology of cutaneous diseases are

assigned their proper places, and the newer methods of diagnosis are presented at length. The literature of the subject has been thoroughly reviewed and the author has not overlooked the rich fund of valuable material in the treatise of his distinguished colleague, Dr. Hyde. His quotations from the opinions of leading dermatologists, with references, afford the conscientious student a useful starting point for his further investigations.

The consideration of treatment is well developed, and the directions are most explicit. His therapeutic recommendations are clear and positive, and include not only the standard treatments, but the special methods which have been so extensively developed during the past few years.

The superb series of illustrations and plates includes some from the standard treatise of Dr. Hyde, and a very large number from new and original photographs in the author's own collection and in those of his colleagues in recent dermatological research.

Its authoritative statement, clear explanations and concise diction make this volume peculiarly adapted to students' use. For the specialist it offers a complete summing up of present-day knowledge and practice in this rapidly developing field. For the practitioner its usefulness is established by its availability both as a reference book and working manual and by the emphasis placed on diagnostic factors and on treatment.

Infection and Immunity. A Text Book of Immunology and Serology. For Students and Practitioners. By Charles E. Simon, B. A., M. D., Professor of Clinical Pathology and Experimental Medicine, College of Physicians and Surgeons, Baltimore; Pathologist to the Union Protestant Infirmary, the Women's Hospital of Maryland and the Mercy Hospital, Baltimore. Third Edition, enlarged and thoroughly revised. Octavo, 351 pages, illustrated. Cloth, $3.25, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

The rapid and extensive advances of science in this field have made the revision of this work no perfunctory task, although less than two years have elapsed since the appearance of the second edition. Every line has been subjected to careful scrutiny and brought into complete accord with the latest information. Entire sections have been added and a vast amount of new material incorporated. Resultantly the new infection and immunity embodies every advance in this vitally important department of medical activity, with illuminating comment which renders the material presented of easy comprehension by the student and immediately available for the use of the practitioner.

In its previous editions Simon's work gave to the profession a clear, practical and peculiarly useful presentation of all that experimental medicine has accomplished in this field. These characteristics are retained, while the changes and additions made by the author in the preparation of the new third edition exactly measure the progress of the sciences of immunology and serology.

Dr. Simon has, in one compact volume of high didactic quality, opened up for student or practitioner the whole subject of infection and immunity. Moreover he deals with a profoundly involved subject in terms that are readily grasped. Its terminology is assimilated without conscious effort by the reader.

The author has not failed to note and comment upon every addition to our knowledge of this subject. The consideration of anaphylaxis; active and passive immunization; auto and normal serum therapy; ferment and allergic reactions; the chemo-therapy of the pneumococcus and of cancer, and the serum diagnosis of pregnancy have been notably developed.

The recent advances in the study of Abderhalden's protective ferments and the associated technic are exhaustively presented. The section on the Wassermann reaction has been entirely rewritten. Detailed consideration is accorded methods of minimizing the danger from anaphylactic shock during serum treatment. The author carefully reviews the observations of Schick on the recognition through allergic skin reactions of individuals whose blood normally contains diphtheria antitoxin in quantities sufficient for protection. The possibilities of better results in the serum treatment of tetanus through an improved technic is dwelt upon, and the potentialities of vaccine treatment in Hodgkin's disease are suggested. Minute attention is given immunity in various diseases; to the preparation of autogenous and other vaccines; to methods of immunization, and to the technic of immunization tests.

The plates are perfect in color and confirmation and are selected and placed with discrimination. The author's delightful style and successful avoidance of obscure technicalities adds to the interest of a facinating study.

Simon's work offers the student a condensed yet adequately complete manual, in a subject whose literature is voluminous, with full attention to laboratory technic. It is, moreover, a safe guide in more extended investigations. To the practitioner it affords that grasp of principles and methods which will enable him fully to avail himself of the aids that the modern laboratory places at his disposal in the diagnosis, control and treatment of disease.

How to Use the Repertory. With a Practical Analysis of Forty Homœopathic Remedies. By Glen Irving Bidwell, M. D. 156 pages. Cloth. $1.00, net. Philadelphia: Boericke & Tafel. 1915.

This little book contains those symptoms of materia medica which are regarded to be characteristic of the most wonderful prescriber Homœopathy ever had, Dr. Glen Irving Bidwell. There is probably no symptom in the book but what has been verified hundreds and hundreds of times. It is certainly a valuable aid to the memory and should be possessed by every homœopathic physician who has prescribing to do.

This book is a practical analysis of forty homœopathic remedies. It seems to bring the symptomatology of these remedies into a practical working position. The author has certainly simplified repertory work in a most commendable way. It has been our custom for many years to present cases to our classes with instruction as to how to use the repertory in prescribing for the same. The difficulty that we have encountered has been absolutely a fact proven time and time again, that a given case may be worked out by three or four repertories, or three or four remedies arrived at according as one or the other is used. Could we have an ideal repertory this would not occur.

We once asked a noted repertory author to prescribe for a case symptom by which we detailed to him. He worked the case out from his own repertory and arrived at a drug which could not have been arrived at through using two or three other prominent repertories. The drug was prescribed according to his analysis with absolutely no results.

The work of Dr. Bidwell has an impress of more practicability than any other that has come to our notice. Our one regret is that it is not more extensive.

Surgery of the Blood Vessels. By J. Shelton Horsley, M. D., F. A. C. S., Richmond, Va. Illustrated by C. V. Mosby Company, St. Louis, Mo., 1915.

This book deals with a very delicate series of operative procedure, namely, operation upon blood vessels. The scientific and laboratory features of vascular surgery are clearly presented. This includes the treatment of hæmorrhage, pathologic and traumatic; aneurisms, thrombosis, embolism, varicose veins and hæmorrhoids, also the history and technique of suturing blood vessels and transfusion of blood.

We believe it is the only book on this exclusive subject in the English language. It is finely printed and beautifully illustrated. The price of the work is $4.00, and it should find a sale amongst all our men who practice medicine.

A Manual of Diseases of Infants and Children. By John Ruhrah, M. D., Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore, Md. Fourth edition, thoroughly revised. 12mo volume of 552 pages, 175 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, $2.50, net.

The fourth edition of this book has brought it up-to-date, and it stands, as have former editions, as a practical manual on children's diseases. The valuable edition of this book is the complete account of the Binet-Simon test for the mentality of children. The book is an exceedingly practical one, and one that will find a large sale. Of course, to the homœopathic physician the weak point of the book is the most important of all, and that is the treatment. This is decidedly not up-to-date, and gives evidence that in this field at least the author has not progressed. There is little of any difference in the treatment indicated in the fourth edition from that indicated in the first edition published years ago.

When we read under castor oil that it is non-irritating to the bowels, we read that which modern medicine does not substantiate. For it is well known among the students of medicine that castor oil is irritable to the bowels, and by this irritation opens up avenues of infection by permitting the entrance of germs. In fact, we know of no substance which does this more readily than castor oil. However, it is perhaps unfair to criticise the book from a homœopathic standpoint. We regard it as a very useful book in all departments, save that of therapeutics.

Cancer: Its Cause and Treatment. By L. Duncan Bulkley, A. M., M. D., Senior Physician, the New York Skin and Cancer Hospital, New York. Paul B. Hoeber, 1915.

This book treats of the problem of cancer, and is divided into six chapters, as follows:

1st. Nature of Cancer.

2d. Frequency and Geographical Distribution of Cancer.

3d. Metabolism of Cancer.

4th. Relation of Diet to Cancer.

5th. Medical Treatment of Cancer.

6th. Clinical Consideration and Conclusions.

Thus it is seen that the book is a thorough exposition of the disease. The different chapters presented were, in fact, represented to practicing physicians at the New York Skin and Cancer Hospital, and when it is considered that Dr. Bulkley, the senior physician of that institution, is the author, its value will be easily appreciated.

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GOVERNMENT EDUCATIOTAL REPORT.

WE present here the report made by the Council on Medical Education to the Department of the Interior Bureau of Education, being a part (Chapter IX.) of the Report of the Commissioner of Education for the year ended June 30, 1914.

ESTABLISHMENT AND ORGANIZATION OF HOMŒOPATHIC INSTITUTIONS.

Homœopathy, the system of medicine founded by Samuel Hahnemann, a German physician, has had special influence in the United States, where the system was introduced nearly 100 years ago. The early disciples of Homœopathy were practitioners educated in general medicine; scholars who recognized the importance of education and research in the upbuilding of any system of medicine, especially one which sought to invade the existing medical field and disturb ancient traditions. Accordingly, early attention was given to the training of practitioners. The first homœopathic teaching institution in the United States, the North American Academy of the Healing Art, was established at Allentown, Pa., in 1835. The American Institute of Homœopathy, the oldest national medical society in the United States, was established in 1844 for the purpose of encouraging and preserving the contributions made to the materia medica of the homœopathic school of mediiine, and one of the requisites for membership was that the candidate be qualified in medicine, especially in Homœopathy. Thus, there was established early in the history of the school two departments, medical education and research investigation.

As the system of Homœopathy grew, the number of institutions increased with considerable rapidity, and at one time there were between 20 and 25 in existence throughout the country. The distribution of these was not always along the line of wisdom; for instance, there were at one time in the City of Chicago six medical colleges teaching the homœopathic system of medicine.

All the teaching institutions of the school were under the direct supervision of the national organization through what was termed the intercollegiate committee, which provided and controlled entrance, curriculum and graduation requirements. The entranie of State legislation into the field of medicine, especially medical education, required the solving of new problems, and there was established in the place of the intercollegiate committee a permanent medical committee entitled "The Council on Medical Education of the American Institute of Homœopathy." The Council on Medical Education is at present composed of Dr. George Royal, Des Moines, Iowa, professor of materia medica and therapeutics of the Homœopathic Medical College of Iowa State University, chairman; Dr. Willis A. Dewey, Ann Arbor., Mich., professor of materia medica and therapeutics of the Homœopathic Medical College of the University of Michigan, secretary; Dr. John P. Sutherland, Boston, Mass., professor of theory and practice of medicine, Boston University School of Medicine; Dr. John B. Garrison, New York, laryngologist to the Laura Franklin Free Hospital for Children; Dr. H. H. Baxter, Cleveland, Ohio, former member of the Ohio State Board of Medical Examiners, and Dr. C. E. Sawyer, of Marion, Ohio, special ex-officio member.

The Council on Medical Education last year issued a report on the colleges of the homœopathic school, which was heartily welcomed and accepted by state board members as being the authoritative expression of the fitness of the institutions of the homœopathic medical school. Since the issuance of this report there has been much improvement in the teaching efficiency of all the colleges. The Ohio College, formerly located at Cleveland, has been removed to Columbus, where it becomes a department of the Ohio State University, under the control of the trustees of that institution. It has entered upon the year's work with a new faculty, new buildings, hospital facilities, and an encouraging class

of students. The Kansas City institution is being placed upon a permanent basis. Other homœopathic colleges have been improved by new buildings, facilities, teaching staffs, equipment, or endowment. At a conservative estimate, during the year 1913-14 not less than $1,000,000 has been expended in the improvement of the several homœopathic teaching institutions.

There are at the present time 10 medical colleges devoted to the teaching of homœopathic medicine, distributed from Boston to San Francisco. The entrance requirements, curricula, and general management are supervised by the Council on Medical Education, subject to the laws of the various States wherein the colleges are located. A homœopathic college claims the honor of having been the first to establish a compulsory three years' course, and the first to require four years as the minimum college term.* In several a premedical year has been established, in which students are required to do work that is under the direction and supervision of the medical faculty of the college. The University of Michigan Homœopathic Medical College has had this requirement for two years. In the Hahnemann Medical College of Chicago there is a fifth year which is carried on by a special faculty in the medical college itself. In the fall of 1915 the premedical year becomes operative in Ohio State University Homœopathic Medical College. In the Hahnemann Medical College of Philadelphia, besides the work of a premedical year, carried on within its walls, a fifth or hospital year is requred as a prerequisite to securing a license to practice. This is in accordance with the Pennsylvania law. Homœopathic colleges connected with universities, of which there are four, and two others by special arrangement with literary institutions, offer combined courses, making it possible for students to obtain a literary and a medical degree in six or seven years. During the year 1913-14 there were in attendance at these colleges 941 students. This is the largest number since 1907, when there were 18 colleges instead of 10.

It is the aim of homœopathic colleges to educate physicians in the broadest acceptance of the term, rather than specialists or scientists. The Council on Medical Education of the American Institute of Homœopathy has made no attempt to grade teaching institutions on a classified basis, but endeavors so to improve and equip them that every one will give the highest grade of medical teaching and training. The colleges of the homœopathic school report to the Council on Medical Education of the American Institute of Homœopathy; this organization is, therefore, the only private source from which reliable data with regard to them may be secured. The function of the Council is to insist upon an acceptable standard being maintained in each college, which shall harmonize with the laws in the States wherein the colleges are located.

*Boston University School of Medicine, in 1873, offered a graded course of three years, and in 1877 it made this course compulsory. In 1907 it instituted an offered a four years' medical course, and in 1890 it made this country compulsory. In 1907 it instituted an optional five years' course.

HOSPITAL INSPECTION AND GRADING.

The Council on Medical Education recognizes that the necessity is soon to arise for a graduate to have one year of hispital experience before a diploma, or at least a license to practice, be granted him. Thus it is necessary to have the hospitals which are to undertake this work of finishing the student's training properly equipped and conducted. The Council is now engaged, through a committee appointed for the special purpose, in the work of hospital inspection and grading which is to indicate the suitability of a given hospital to receive and train properly educated men and women for medical practice. A minimum scale and requirements have been adopted to which all must conform. A report of this work will soon be issued.

The Council of Education has under way a survey of the medical practice of each State in order to determine the approximate proportion of its inhabitants employing homœopathic practice. This survey has been completed in one of the typical large States with the result that approximately 35 per cent. of the population are reported as employing the homœopathic system of practice and 48 per cent. are not unfavorably disposed toward it.

HOMŒOPATHIC MEDICAL RESEARCH.

The earliest transactions of the American Institute of Homœopathy dealt almost exclusively with the work of drug testing on the healthy human body, which is one of the fundamentals of the homœopathic system, and continued attention is still given to this field.

This work of the study of drug action has been

placed by the national organization in the hands of a special committee or board known as the American Institute of Drug Proving, which is incorporated under Federal Laws. The members of this board are at present as follows: Dr. J. B. Gegg Custis, Washington, D. C., member of the board of medical supervisors of the District of Columbia, chairman; Dr. E. H. Wolcott, Rochester, N. Y.; Dr. George Royal, Des Moines, Iowa, professor of materia medica and therapeutics, Homœopathic Medical College of Iowa State University; Dr. W. A. Dewey, professor of materia medica and therapeutics, Homœopathic Medical College, University of Michigan; Dr. John P. Sutherland, Boston, Mass., professor of theory and practice of medicine, Boston University School of Medicine; Dr. Rudolph F. Rabe, New York, professor of materia medica, New York Homœopathic Medical College and Flower Hospital, and Dr. Benjamin F. Bailey, Lincoln, Nebr. The committee is carrying on the work of drug testing at the present time.

There have been recently equipped, in connection with two homœopathic colleges, large laboratories for the purpose of work in the field of drug proving, and another is about to open.

There has also been much work done in other laboratories connected with the homœopathic schools. The question of vaccines is at the present time receiving much attention, with special reference to the action of the various preservatives in the manufacture of these substances, a question that has agitated the homœopathic school for several years.

LIST OF SCHOOLS.

The introduction to the "Educational Report of the Council on Medical Education of the American Institute of Homœopathy for the years 1912-13" states:

The Council on Medical Education desires to present to the profession a report of the teaching institutions of the homœopathic school of medicine. This report is based upon actual inspection and investigation made by members of the Council, in company with representatives of State boards and organizations of our own school of medicine, and while all the data obtained, for instance, lists of laboratory apparatus, etc., are not here presented, we believe sufficient is given to show that the colleges of the homœopathic school of medicine not only are fully equipped to give comprehensive and thorough medical education, but add to this general medical education a knowledge of treating and curing the sick on scientific, or what is equivalent thereto, homœopathic principles.

The list of institutions described in this report, with a summary of the enrollment figures revised for 1914, is as follows:

Students in Homœopathic Medical Colleges, 1913-14.

College	Total.	Seniors.	Juniors.	Sophomores.	Freshmen.	Special.	Graduates.
Boston University School of Medicine, Boston, Mass.	121	22	22	24	46	7	22
New York Homœopathic Medical College and Flower Hospital, New York, N. Y.	356	53	68	65	61	109	43
New York Medical College for Women, New York, N. Y.	42	7	9	12	14	0	7
Hahnemann Medical College, Phila., Pa.	104	14	21	21	37	11	14
Cleveland-Pulte Medical College, Cleveland, O.	56	11	19	12	14	0	11
University of Michigan, Homœopathic Medical College, Ann Arbor, Mich.	80	24	22	12	18	4	23
Hahnemann Medical College and Hospital, Chicago, Ill.	95	17	21	22	32	3	17
College of Homœopathic Medicine of the State University of Iowa, Iowa City, Iowa	6	0	2	0	3	1	0
Kansas City Hahnemann Medical College, Kansas City, Mo.	41	13	2	9	17	0	13
Hahnemann Medical College of the Pacific, San Francisco, Cal.	40	7	6	10	17	0	5

Total number of students in 1913-14, 941.
Total number of graduates in 1914, 155.

OUR COLLEGES 1915.

THE following items from the Report of the Council on Medical Education to the Institute at its last meeting are of interest:

The number of graduates for the year 1915 was 196, being 41 more than graduated in 1914.

The number of freshmen entering in 1914-15 is smaller than that of 1913-14. Several colleges are giving premedical courses, and this additional year, known as the premedical year, has over 60 students which normally would belong to the freshman class.

The number in the sophomore classes in the colleges is larger than that of any of the other classes.

There is a diminution in the total number of

students in 1914-15 over 1913-14 of 117 students. This is really more apparent than actual because in the university schools having 5 and 6 year courses the medical schools are not permitted to count those students who are doing premedical work, the rule being that they be enumerated in that university school or college in which the majority of their work is being taken. Thus, for instance, a student in the University of Michigan might receive instruction in the College of Literature, Science and the Arts, the College of Pharmacy and the Homœopathic Medical School, but he would be counted only in that school wherein he took the major part of his work.

The Kansas City College closes its doors at the end of the 1914-1915 session. It graduated 4 and reported a total of 29 students. These students will doubtless attend the colleges at Iowa City or Chicago, as it is not likely that the new college projected for the southwest will be ready this coming autumn.

New York and Hahnemann, of Philadelphia, lead in the number of students, Chicago, Boston and Ann Arbor following in order.

Seven of our colleges had students from Pennsylvania. Six had students from New York, Ohio and Illinois.

Virginia, West Virginia, North Carolina, Mississippi, Texas and Kentucky were the only southern States sending students to our schools. There were forty foreign students.

New York had the largest freshman class. Ann Arbor was second in line, then Boston.

NEWS ITEMS.

IOWA.

Dr. George E. Royal and wife are spending their vacation visiting the Panama-Pacific Exposition and various cities of the Pacific coast.

MICHIGAN.

The Department of Materia Medica of the Homœopathic School in the University is to have an additional Instructor and Director of the Pathogenetic Laboratory. The work of proving drugs will be resumed.

Dr. Clyde B. Stouffer, of the University Health Service, spends the summer at the Camp of the Engineering Department.

NEW YORK.

Mr. E. W. Runyon, of the firm of Boericke & Runyon, is spending the summer in San Francisco.

Dr. A. B. Norton is spending his vacation motoring in his new Cadillac.

Dr. J. B. Garrison spends August at Walters Park, Pa.

OHIO.

Drs. C. A. Burrett and A. E. Hinsdale are spending a portion of the summer in Ann Arbor.

Dr. A. E. Ibershoff, of Cleveland, was in his offices during our recent call. He is prosperous and happy.

SOUTH CAROLINA.

Dr. A. L. Smelters, of Anderson, is working hard for the success of the Southern Homœopathic Association, which is to meet in Cincinnati early in November. It will be a successful meeting and well attended. We are all going.

VIRGINIA.

Dr. J. L. Jennings, of Danville, has issued a Directory of the Southern Homœopathic Medical Association, which not only contains the members of the Society, but the entire roster of homœopathic physicians in the Southern States.

PENNSYLVANIA.

The Philadelphia Society for Clinical Research held its annual outing on June 24th, 1915, at the Delaware County Club, at Monoa, on the West Chester Pike, where a large number of doctors met.

The ball game, which is always a great feature of the occasion, took place at 3 P. M. Many of those taking part in the game showed that they were professionals in more ways than one.

Dinner was served at 6 P. M. and was thoroughly enjoyed by all present.

The outing was one of the largest ever held, which shows that interest is not lacking.

E. A. Steinhilber, M. D., *Secretary.*

The Germantown Homœopathic Medical Society held its regular monthly meeting on Monday, June 21, 1915, at nine o'clock in the evening, at the Mineral Springs Inn, Willow Grove, Pa. Dr. J. G. Wurtz gave a demonstration of two new and valuable "Urinary Tests," which proved to be an interesting feature of the meeting. A large number of members attended this meeting and a thoroughly enjoyable time was had by those present.

F. R. Shute, M. D.,
Acting Corresponding Secretary.

The West Philadelphia General Homœopathic Hospital held its annual meeting on Tuesday, June 22d, 1915, at 4 P. M., at 1234 N. 54th street. Many important topics were discussed at this meeting. The meeting, which is always largely attended, proved to be an interesting one.

H. M. Armstrong, M. D., *Secretary.*

The Lehigh Valley Homœopathic Medical Society held an interesting session at the Eagle Hotel, Bethle-

hem, Pa., on June 9, 1915. Dr. B. F. Books, President of the Homœopathic State Medical Society, was their guest of honor. Dr. Books addressed the society in a most interesting manner. Dr. D. W. Straub, of Bethlehem, spoke on "Surgical Technique;" the discussion of same was opened by Dr. Seibert. Dr. S I. Darnell presented a paper on "Blood Examination in Appendicitis," which was discussed by Dr. C. B. Reitz, of Allentown, Pa. "Injuries to the Ankle Joint" was the title of the paper presented by Dr. J. A. Bittner, the discussion of which was opened by Dr. E. C. Statler, of Allentown, Pa. "A Diagnostic Problem" was very ably discussed by Drs. Lang and McKinstry. Keen interest was shown at this meeting by a large number of members and visiting physicians who were in attendance.

The West Philadelphia General Homœopathic Hospital takes pleasure in announcing to the subscribers to the Hospital Building Fund that plans are now being prepared for the new Hospital Building, and it is expected that ground will be broken on or about August 15th, 1915, and the hospital desires to have available as much of the money subscribed as possible.

C. H. HARVEY, M. D., *Treasurer.*

PHARMACODYNAMICS AND THERAPEUTICS.

Serodiagnosis.

Abderhalden's reaction was positive in the earliest months of pregnancy and remained positive two weeks after parturition. The sera in cases of carcinoma did not split placental protein. In cases of extrauterine pregnancy the reaction is very valuable for diagnosis.—*H. B. Lewis.*

Acids.

After the intravenous or oral administration of acids or acid salts to rabbits or dogs there was exhibited an increased nervous irritability manifested electrically as well as mechanically. The effects were more marked in dogs, and in severe cases resulted in convulsions in these animals.—*H. B. Lewis.*

Bile.

Intravenous injections of papaverine—hydrochloride—led to an increasing flow of bile in guinea pigs with morphine anæsthesia (morphine tends to check the flow of bile in guinea pigs). This flow was checked by injection of pilocarpine and reappeared after a second injection of papaverine.—*H. B. Lewis.*

Hyoscyamus.

A severe case of hiccoughs which had lasted for three days in a young man—a student—and which resisted all methods of treatment, was promptly relieved by Hyoscyamus 6x. The attacks became less frequent after the fourth dose and within twelve hours had practically disappeared altogether.—*A. E. Hinsdale.*

Respiratory Exchanges.

In frogs were measured in chambers made from laboratory desiccators, intact animals and those from which different parts of the brain, only the large hemispheres or the optic lobe led to a considerable consumption, and the CO_2 output were increased, especially the latter, which was not so much increased, however, when only the hemispheres were removed. The increase in the gaseous exchange is accompanied by an increased heat production.

Various *fats* were mixed with a standard diet and administered to dogs; after a given time these test-meals were quant. removed from the stomach and the fat content analyzed. The higher the m. p. and viscesity emulsification with food, disappear more rapidly than when administered in a non-emulsified form. When not administered with foods these disappear even more slowly still, with the exception of liquid olive oil. Fats also inhibit the disappearance of the other food constituents from the stomach, and the more viscous fats exert the greater inhibitory effect in this respect. A fat added to food readily separates from other food constituents in the stomach and is afterwards digested independently of them in the intestine.

Protein feeding in the mouse leads to a growth of the liver, the weight increasing about 20 per cent. The absolute increase of the N. precipitated by tannic acid is much greater, two experiments giving values of 53 and 78 per cent. The P. increases little or not at all. This weight increase does not depend upon cell growth in which an increase of the P. must also enter, but upon actual storage of protein.

The number of salt mols. necessary to activate to the maximum extent an inactive diastase prep. is proportional to the amount of enzyme. This fact suggests a process for the determination of the quantity of enzyme in a given organ. For this purpose the organ is dried, a 5 per cent. suspension of the dried powder is made up and dialyzed. The amount of salt which produces the maximum diastatic effect with this fluid can then be ascertained. By this means the disease in various animal organs was investigated. Organs of warm blooded animals contain more enzyme than those of cold blooded animals. The enzymes obtained from both kinds of animals work more rapidly at higher temperature. —*C. J. West.*

MEDICINE FROM BEES.

One of the earliest "crops" gathered by the homœopathic pharmacist is bees—Apis mellifica. Boericke & Tafel report that the bees are swarming a little late this year on account of the cold weather, but several good swarms have been secured to replenish their stock of tincture.